

Homicide

Definition: Death due to injuries inflicted by another person with intent to injure or kill, by any means. ICD codes E960-E969.

Summary

Homicide accounted for 312 deaths in Washington in 1994 (age-adjusted death rate: 6.3 per 100,000; crude death rate: 5.8 per 100,000). Homicide rates are highest for males 15-24 years of age, and the rate is increasing. The majority of homicides occur in heavily populated areas. Many rural counties, however, have homicide rates that are quite high.

Time Trends

During the past 15 years, Washington's age-adjusted homicide rates have ranged from a low of 5.1 per 100,000 in 1983 and 1991 to a high of 6.3 per 100,000 in 1994. Homicide rates fluctuate from year to year. Trend analysis showed no evidence of any upward or downward trend in homicide rates for the general population over the 1980-1994 period. Homicide rates are increasing, however, among young people aged 15-24 years.

State and national data comparisons show that while Washington has not experienced the level of assaultive violence reported for other areas of the country or the nation as a whole, violence in general in Washington is increasing.¹

Year 2000 Goal

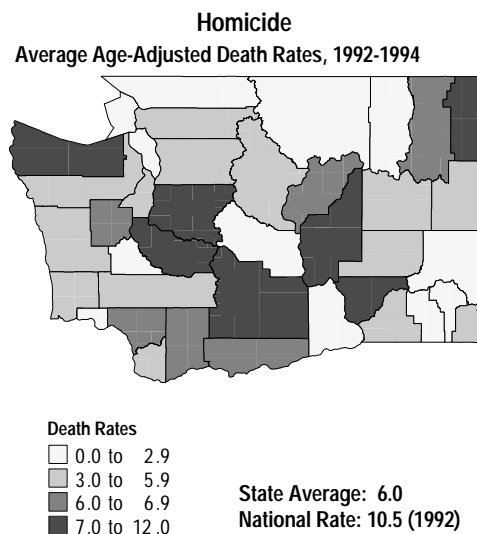
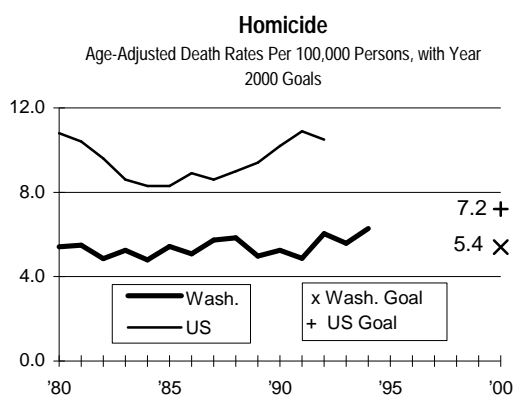
Washington's goal for the year 2000 is an age-adjusted homicide rate of 5.4/100,000 or lower. Although Washington's homicide rate in 1994 was higher than that, the general pattern of homicide rates over the past fifteen years indicates that a rate of 5.4/100,000 by the year 2000 is still well within reach.

Geographic Variation

Most homicides occur in the most heavily populated areas of the state. In 1994, 56% of homicides occurred in King and Pierce counties alone. Homicide is not, however, exclusively an urban problem. Several rural areas have homicide rates that are quite high relative to the rest of the state. During 1992-1994, the five counties with the highest age-adjusted homicide rates were Franklin, Pend Oreille, Pierce, Grant, and Yakima.

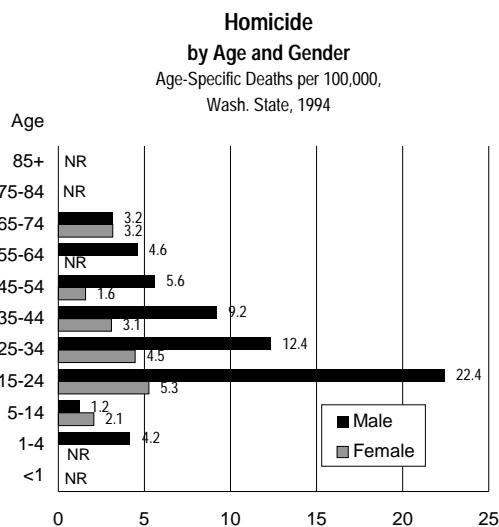
Age and Gender

In 1994, half of all homicide victims were under the age of 30, and 72% were male. Homicide rates are highest for 15-24 year-old



males. In 1994, the homicide rate for this age/gender group was 22.4 per 100,000, nearly four times the rate in the general population.

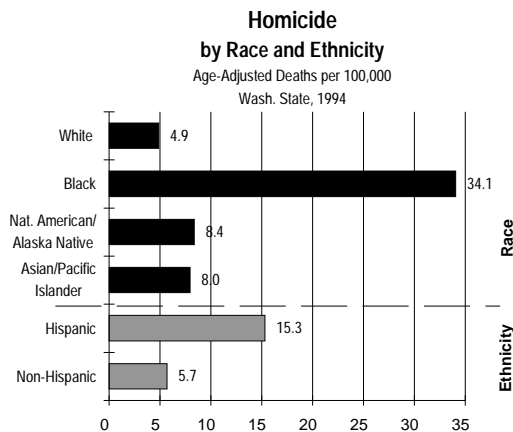
The excess risk for death by homicide among males appears to diminish at the upper and lower ends of the age continuum. Analysis of gender differences in homicide rates for age groupings under 15 and over 65 is made difficult by the fact that the annual counts are small. Detection of significant differences requires several years of data.



Race and Ethnicity

In 1994, Washington's population was predominantly white and the majority of homicide victims (70%) were white. Homicide rates for specific race and ethnic groups show that some groups, African Americans especially, are at particularly high risk. In 1994 the age-adjusted homicide rate for African Americans was 34 per 100,000, nearly seven times the rate for whites. Hispanics also had a relatively high homicide rate, 15 per 100,000 population. These rates are based on one year of data and, because the numerator for all groups except white is small, rates are subject to considerable random fluctuation from year to year.

It is important to note that race is a complex concept. With respect to homicide rates, it can be a proxy for social and economic factors that are related to the incidence of violent crime. There is no basis for attributing homicide rates to cultural or biological characteristics of any race or ethnic group.



Other Measures of Impact and Burden

Years of Life Lost. Because homicide occurs mostly among young people, it is very costly in terms of years of potential life lost. In Washington state, death due to intentional injury (homicide and suicide) is the third leading cause of years of life lost, surpassed only by unintentional injury and cancer.²

Community Impact. Interviews with Washington citizens reveal widespread concern about violence.¹ Violence has affected most peoples' lives, whether they live in the country or in the inner-city. People do not feel as free to come and go as they please, and have changed daily routines to protect themselves. The result is often a marked perceived decrease in quality of life. In addition, communities must bear the high financial costs for police, court and other public programs that deal with violent crime.

Risk and Protective Factors

Current understanding of the causes and risk factors for assaultive violence is very rudimentary. The following factors have been found or suggested to be associated with homicide based on empirical research. These are factors which predispose a person to homicide, either as victim or perpetrator.

Poverty. Poverty is a factor associated with murders of friends and acquaintances, children and spouses. Poverty has also been associated with robbery-related murders of strangers.³

Drug and alcohol consumption. Drug and alcohol consumption have been associated with all types of homicide except child homicides. Many studies have shown that about half of all

victims and perpetrators had consumed alcohol before the homicide. Alcohol and drug use may contribute to homicide by influencing the risk of both victimization and perpetration by reducing inhibitions against aggressive behavior and encouraging a variety of other high risk behaviors.³

Availability of firearms. Fifty-five percent of homicides in Washington are committed with firearms. Research has shown an association between the availability of handguns and firearm-related homicide rates.^{3, 4}

Cultural and psychosocial influences.

Several cultural factors have been identified as predisposing a person to homicide, either as victim or perpetrator.³ These include:

- Male belief in physical prowess, toughness, and search for thrills and action.
- Underdeveloped verbal and conflict resolution skills.
- Televised violence
- History of child abuse.
- Neurological and psychological disorders.

High Risk Groups

Homicide takes its greatest toll among

- Males
- Young people (15-24 years of age)
- Racial/ethnic minorities.

At greatest risk are African American and Hispanic males 15 to 24 years of age.

Although there has been some increase in random violence during the past decade, most homicides are committed by someone known to the victim. In the majority of cases, the perpetrator is a family member, friend or acquaintance. Based on homicide arrest statistics, homicide perpetrators as a group are similar to homicide victims with respect to age, gender, and race/ethnicity.¹

Intervention Points, Strategies and Effectiveness

Our knowledge of how to prevent violence (especially extreme violence such as homicide) is far less extensive than our knowledge of its scope and impact. A successful strategy to reduce and prevent the incidence of assaultive violence would probably involve both broad social changes in our overall approach to violence and specific interventions aimed at cases of potential or actual violence, assault, or abuse. These specific interventions might try to reach individuals before

a pattern of victimization or interpersonal violence is established, or they might attempt to minimize the consequences and costs of interpersonal violence by providing victims with appropriate support and by helping perpetrators change.

The following proposals are options that could be tried and tested; their effectiveness remains to be evaluated in most cases.

Cultural and social.

- Promote jobs and employment opportunities for youth.
- Reduce gender inequality and support more flexible male role models.
- Reduce exposure to violence in the media.
- Expand programs to identify and treat abused children.
- Develop and implement media campaigns to educate the public that interpersonal violence is a problem that can be addressed and not an inalterable fact of life.

Education.

- Expand health education curricula from elementary to high school to teach children how to manage hostility and aggression with nonviolent means.
- Promote peer counseling and conflict resolution.
- Expand parenting education classes to include violence prevention.

Environment.

Use architectural and social-planning principles to create safe “defensible” space (e.g., well-lit courtyards and stairwells in housing areas, well-lit walkways in public areas).

Health services.

- Improve identification, referral, and treatment of people at high risk of violence behavior because of chronic use of alcohol and other drugs.
- Improve identification and treatment of victims and perpetrators of violence by the health care system.
- Expand successful community based youth alcohol and drug outreach and treatment services.

Law enforcement.

- Limit access to firearms by persons who are not prepared to use them safely and responsibly.
- Enforce the domestic violence law and continue efforts to educate law enforcement professionals regarding the letter and spirit of the law.
- Improve linkages between police and social services in response to violence.

Data Sources

State homicide data: Washington Department of Health, Center for Health Statistics. Prepared by DOH Injury Prevention Program.

National homicide data: National Center for Health Statistics.

For More Information

Department of Health Injury Prevention Program Telephone: (360) 586-5693.

Technical Notes

Age adjustment: See technical appendix

Race and ethnicity: See technical appendix

Endnotes:

¹ LeMier M., McCollough J. and Kelso S. A Preliminary Assessment of Violence in Washington State. Washington State Department of Health, Injury Prevention Program. November, 1993.

² Centers for Disease Control. Washington 1995 State Health Profile.

³ Rosenberg M. and Fenley M. Violence in America: A Public Health Approach. New York. Oxford University Press. 1991. 14-50.

⁴ Kellerman AL, Rivara FP, Rushforth NB, Banton JG, Reay DT, Francisco JT, Locci AB, Prodzinski J, Hackmann BB, Somes G. Gun ownership as a risk factor for homicide in the home. N Engl J Med 1993;329:1084-91.